## State of Idaho

Ben Ysursa

## LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

LOBBYISTS (Sec. 67-661) PM 3: 13

Page\_\_\_ of \_\_\_Page(s) THIS SPACE FOR OFFICE USE ONLY

Secretary of State	L		05 m	411	STATE			
			SECIL	ATE OF 10	OHA			
(Type or print clearly in See instructions at bott			57	AILO				
Lobbyist's name and permanent business addr			Date pr	epared	Perio	od covered		
Brad M. Pordy 2019 N. 1714 St.					year ending			
2019 N. 1715 St.				(M	(Mo.) (Day) (Yr.)			
Boise, ID. 8370	2		3-	21-05		3 21 05		
Item Totals of all reportable exp		incurred by Lobb	yist or by	Lobbyist's Emple	oyer on behalf of Lot	obyist's Employer.		
Category of Expenditure				buted by each empl	loyer (Identify employ	ers, under		
Expenses Pertaining to Lobbying Activity	* Total Amount for All Employers	Item 3, at botton			Employer No. 2	Employee No. 4		
Do Not Have to be Reported		Employer No	. 1	mployer No. 2	Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment \$	$-\varphi$	\$	\$		\$	.   \$		
Living Accommodations								
Advertising								
						-		
Travel								
Telephone								
Other Expenses or Services								
Total \$	$\bigcirc$	s	\$		\$	\$		
*When the number of employers you a	ro romarting for raqui	iros multiple I. 2 for		ad a total amount fo				
Item The totals of each expenditure of						be entered on Fage 1.		
2 Date Place			Amount Names of Legislators & Public Officials in Group					
				ĺ				
Continued on attached page(s)		ı		l				
				Employer(s) Name(s) and Address(es)				
INSTRUC		I-am an afformly reflesenting the						
Who should file this form: Any lob	byist registered u	ınder Section	No.1 C	ommunity	Action Partue	uship Assa. of Idal		
67-6617 Idaho Code.				•	Curtis, Su			
Filing deadline: Annual report is o	lue on January 31	st.	No 2		ID. 837			
TO BE FILED WITH:				20.56	-4. 027	06		
Ben Ys Secretary		No.3						
PO Box Boise, ID 83								
Phone: (208) 334-2852	282	No.4						
-								

Item 4		Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.										
	Date	Amount		Name of Legislator Receiving or Benefited								
Item 5	Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.		ILEGISLATIVE SUBJECT IDENTIFICATION  Code Subject Code Subject 0! Agriculture, horticulture, 17 Health service, medicine, drugs									
Subject Coc (from table	1	, Resolution or Other slative Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, dederal Government, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)					
				,	Lobbyist signature		$\frac{3-71}{\text{Date}}$					
					Employer No. 1 signature		Date					
					Employer No. 2 signature		Date					
			above is a true, complete and		Employer No. 3 signature		Date					
					Employer No. 4 signature		Date					